Washington, D.C. 20231

NOTICE OF FILING/CLAIM FEE(S) DUE TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: 09/063477

Total Fee Calculation

	•						•
	Fee Code	Total # Claims	Number Extra	x	Fee	Fee =	Total
	Sm./Lz.				Sm. Entity	Lg. Entity	790
Sacie Filing Fee	201/101	,	س و .			29	550
Total Claims >20	203/103	*	= 25	X		22.	(//:0
Independent Claims >3	202/102	<u>&</u> .;	= 5	X		60-	•
Mult. Dep Claim Fresen	204/104		•				130
Surcharge	205/105				-		3
English Translation	139						1920
TOTAL FEE CALCU	LATION						
Fees due upon filing	g the application		h				
Total Filing Fees D)ue = \$	188	<u> </u>				
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BALANCE DUE

Less Filing Fees Submitted

OF a of Initial Parent Examination